CLAIMS:

- 1. A method for measuring the arterial pressure waveform invasively or non-invasively from a peripheral artery, wherein the waveforms are accurately recorded and secondary pressure waveforms are identified.
- 2. A method according to claim 1 wherein a series of pressure waveforms are ensemble-averaged into a single waveform to provide consistency of waveform detail.
- 3. A method according to claim 1 wherein the waveforms are subjected to harmonic analysis and moduli of their harmonic components are compared.
- 4. A method according to claim 1 wherein a hypotensive individual is confirmed to have the higher (second and above) greater than the first harmonic can be considered as having vasoconstriction as a cause of hypotension.
- 5. A method according to claim 1 wherein a hypotensive individual in sinus rhythm or without significant arrhythmia is confirmed to have the lowest fundamental harmonic, at heart rate less than 120/min, dominant over all other harmonics and can be concluded as likely to have vasodilatation as the cause of hypertension.
- 6. A method according to any one of claims 1 to 5 wherein, in the hypotensive individual, amplitude of the primary wave (peak to wave foot) is compared to amplitude of the secondary waveform (secondary peak to wave

WO 2005/084535 PCT/AU2005/000310

7

foot) and the secondary wave confirmed to have amplitude less than 25% of the initial waveform as denoting hypotension due to vasodilation whereas amplitude of the secondary waveform greater than 30% of the initial wave denotes hypotension due to vasoconstriction and acute blood loss, cardiac failure, tamponade or pulmonary embolism.